

ADVOCATE

A Publication of the Support, Advocacy & Resource Center

Spring 2016

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POINT OF VIEW

In June 2011, the lives of our entire family were forever changed, none more so than for my baby girl. At age 8, her childhood innocence was forever lost – stolen from her by a trusted family member – someone she loved and looked up to. For two years she tried to act “normal” and attempted to lock away her feelings of guilt, shame, and anger from her mom and dad, her grandparents, and all those around her.

Our entire family has divided the time line of our lives to the time before she came forward and disclosed that he had raped and molested her and the time after the disclosure.

He had forever negatively impacted the lives of his father, his mother, siblings, aunts, uncles, cousins – so many lives – and destroyed so many relationships. They felt no sense of victory when the jury rendered its guilty verdict. His father wept as did his mother and sisters.

It was our hope throughout this lengthy legal process that he would acknowledge the pain and suffering he has brought upon her and his entire family. We had hoped he would apologize to his sister and that he would be sincerely sorry for what he had done.

We are hopeful that at some point in time he can still do this. We are convinced that the healing of her will not take place until he

acknowledges the pain and suffering he has caused to those who love(d) him and that he seek forgiveness from those he has hurt, none more so than her.

The guilty verdict brought to us the sense that a weight had been lifted from our shoulders, a weight that has been almost a physical pain bearing down upon us for these past 2 ½ years. But the guilty verdict did not bring a sense of finality or closure. We are still reeling from the hurt and, yes, the anger at his selfish perverted act is still with us.

It has been a very long two years. There were times when we questioned why we continued. Would it be better for her to not testify time and time and time again?

Yes, it has been a horrible, long road to get to this day in the process where he will be held accountable for his actions and be punished for the wrong he has done.

We are here at long last to make our family’s statement to him and to the court before sentencing.

We hope that someday he can tell her he is sorry for what he did and for what he made her do.

We will never understand what made him engage an 8-year old child in sexual acts; we will never understand how he could do that to the little girl that he had known since she was 4 months old and who thought of him as her big brother; and we will never know where he learned to groom a child to do the things to her that he did.

Initially, we had hoped he would take the plea bargain that remained open to him for almost two years that would have enabled him to be in a SOSA program and serve what we are sure is less time than what he is now facing with the guilty verdict and two counts of first degree rape of a child and one count of first degree child molestation.

We also believe that she will not begin to heal until he accepts responsibility for his actions. We hope that he can receive intensive therapy while his is serving his sentence, and we hope that he can heal so he will never hurt another child. We also hope that one day he and his father will be able to have a relationship.

He is an adult who committed a horrible crime. It seems worse to us that the crime was committed against a family member and had affected his whole family. While we wish we could change what happened and to make it better for her; the fact is we cannot change what happened. We can only do everything we can to ensure she can reach her full potential in spite of what has happened.

For her, it is a life sentence that she will always carry.

She has been in counseling since August of 2013. She faces many more years of counseling. We are hopeful that the counseling will help her live her life without having the rape and molestation define who she is.

Our prayers have been answered in that she has not become a victim of a horrific crime but instead, she is a survivor. A true warrior-she has been very brave and her strength has been an inspiration to us all.

We do not know if she will ever be able to forgive him for what he did to her. We believe for the time being she must try to forget him in order to heal.

It is a sad day for us all.

ANONYMOUS



ACES (Adverse Childhood Experiences)

What are they? Experiences and exposures in childhood that are major risk factors for certain illnesses and poor quality of life.

Why are they important? They demonstrate a link between specific stressors in childhood and risk behaviors and health problems in adulthood.

Childhood Stress

- Stress is an inevitable part of life.
- A certain amount of stress is normal and necessary for survival.
- Stress helps children develop the skills they need to cope with and adapt to new and potentially threatening situations throughout life.
- Intensive and prolonged stress can lead to negative health effects.

Positive stress—Moderate, short lived increases to heart rate, blood pressure and stress hormone levels.

Tolerable Stress—Physiological state that could potentially disrupt brain architecture.

Toxic Stress—Strong, frequent, and/or prolonged activation of body's stress-response systems without the protection of adult support.

These experiences result in toxic stress that can harm a child's developing brain causing problems with learning, development, and health.

Physical, sexual, or emotional abuse

Physical and emotional neglect

Household substance abuse

Household mental illness

Parental separation or divorce

Witnessing a family member being abused

Incarcerated household member

Bullying (by another child or adult)

Witnessing violence outside the home

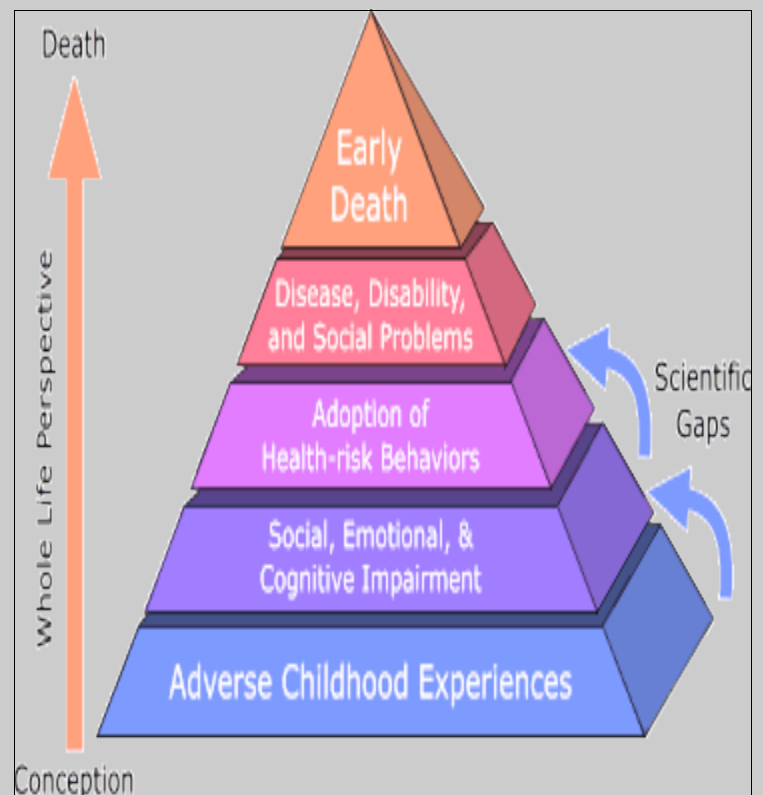
Being Homeless



http://developingchild.harvard.edu/index.php/resources/multimedia/videos/inbrief_series/inbrief_impact_of_adversity/

The ACE Pyramid represents the conceptual framework for the study. During the time period of the 1980s and early 1990s information about risk factors for disease had been widely researched and merged into public education and prevention programs. However, it was also clear that risk factors, such as smoking, alcohol abuse, and sexual behaviors for many common diseases were not randomly distributed in the population. In fact, it was known that risk factors for many chronic diseases tended to cluster, that is, persons who had one risk factor tended to have one or more other risk factors too.

<http://www.cdc.gov/violenceprevention/acestudy/pyramid.html>



The ACE Study is based upon data collected from over 17,000 adult participants, and no new study participants are being accepted. However, you might like to know your own ACE Score, so that the information you read about the Study is more meaningful to you.

http://www.acestudy.org/files/ACE_Score_Calculator.pdf

Finding Your Ace Score

While you were growing up, during the first 18 years of life:

1. Did a parent or other adult in the household **often or very often**.....
Swear at you, put you down, or humiliate you?
OR
Act in a way that made you afraid that you might be physically hurt?
Yes or No If yes enter 1 _____

2. Did a parent or other adult in the household **often or very often**.....
Push, grab, slap, or throw something at you?
OR
Ever hit you so hard that you had marks or were injured?
Yes or No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you **ever**.....
Touch or fondle you or have you touch their body in a sexual way?
OR
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes or No If yes enter 1 _____

4. Did you **often or very often** feel that...
No one in your family loved you or thought you were important or special?
OR
Your family didn't look out for each other, feel close to each other, or support each other?
Yes or No If yes enter 1 _____

5. Did you **often or very often** feel that...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
OR
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes or No If yes enter 1 _____

6. Were your parents ever separated or divorced?
Yes or No If yes enter 1 _____

7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
OR
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
OR
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes or No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes or No If yes enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes or No If yes enter 1 _____

10. Did a household member go to prison?
Yes or No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

The ACE Score

The ACE Study used a simple scoring method to determine the extent of each study participant's exposure to childhood trauma. Exposure to one category (not incident) of ACE, qualifies as one point. When the points are added up, the ACE Score is determined.

An ACE Score of 0 (zero) would mean that the person reported **no exposure** to any of the categories of trauma listed as ACEs above.

An ACE Score of 10 would mean that the person reported **exposure to all of the categories of trauma** listed above.

The ACE Score is referred to throughout all of the peer-reviewed publications about the ACE Study findings.

<http://www.cdc.gov/ace/index.htm>

How does fear impact childhood?

The key concept underlying the ACE Study is that stressful or traumatic childhood experiences can result in social, emotional, and cognitive impairments. Examples: Increased risk of unhealthy behaviors, risk of violence or re-victimization, disease, disability and "early death."

Breakthroughs in neurobiology demonstrate that fear-based childhoods disrupt neurodevelopment, and can actually alter normal brain structure and function.

Fear during infancy and early childhood has a cumulative impact on childhood development. Results of the ACE Study link the exploding rates in America's physical, mental, and social pathologies with **our national failure to strengthen our families and protect our children.**

How does the ACE score affect social well being?

Within the 17,000 middle-class, ethnically diverse American adults tested, it was found that the compulsive use of nicotine, alcohol, and injected street drugs increased proportionally, in a strong, graded, dose-response manner with the level of adverse life experiences reported during childhood.

What the Study Uncovered

Adversity in childhood is a leading determinant of adult disease and disability.

Adversities experienced in childhood are at the root of the ten most common causes of death.

Adversity experienced in childhood is expensive and results in millions of dollars each year in health care and other related costs.

Categories of ACES

Family Dysfunction

Living with: Mentally ill, depressed, or suicidal family member

OR

A family member with a substance abuse problem

Loss of a parent due to death, divorce or abandonment

Incarceration of a family member

Abuse & Neglect

Emotional

Physical

Sexual

April 2016: SARC Community Events

April is **Child Abuse Prevention Month** and **Sexual Assault Awareness Month**. During the month of April, we plan a variety of community events to demonstrate our agency's commitment to ending violence. The Crime Victim Service Center is also busy planning an event to recognize the **National Crime Victim's Rights Week** April 10-16. SARC encourages all the readers of the *Advocate* to get involved with their community events during the month of April. We need to send a strong message that violence is not tolerated and we are prepared to make a change. We invite you to pair up with a local advocacy center to engage in their events or plan your own. SARC invites community members from Benton and Franklin Counties to participate in the events below.

Strides of Strength-April 16th, 2016

Strides of Strength is a walk designed to empower victims and survivors of crime and to give our community the opportunity to publicly demonstrate their commitment to preventing crime. With each step we provide strength and support to crime victims. This year the Support, Advocacy & Resource Center/Crime Victim Service Center is hoping to gain even more community group involvement. SARC/CVSC will be holding group registration, so please get a group together and get involved in this great event!

Community members who attend will also have the chance to win prizes!

The prizes are as follows:

***Largest group will win \$200 cash**

***Second largest group will win \$100 cash**

***All other groups or individuals attending will be able to enter in a raffle to win \$50 cash (Each group member will get a ticket entered so those with larger groups will have a higher chance of winning. (Each participant must register to be eligible to win.)**



Please call (509) 374-5391 for more information. Registration for the event is free and will start at 10:30 AM and the Strides of Strength walk will begin at 11:00 AM. This exciting event will be held at The Lord of Life Church at 640 North Columbia Center Boulevard, Kennewick, WA 99336.

Clothesline Project:

The clothesline Project is an awareness campaign in which crime survivors decorate T-shirts with an artistic display of how victimization impacted their lives. The t-shirts are hung on a clothesline for the community to see the impact of crime on survivors. The clotheslines are displayed around the community at the local libraries in Benton and Franklin Counties.

Come and check out the local libraries from April 4th—8th to see for yourself!



A Special Thanks to...

Don & Nancy Karger, Dave & Carmen Bond, Candice & Jonathan Jones, Jim & Michelle Carey, Bill & Kimberly Spencer, Chad & Bonnie Mitchell, James Lukacs, D.D.S., Julie Brown, Scott & Rosann Ferris, Candice Bluechel, Craig & Barbara Littrell, Amanda Sylvester, Heather HolbenWest, Jill Oldson, Chuck & Bev Torelli, Badger Mt. Elementary PTO, Claudia Hickman, Patricia Chvatal, Vic & Gail Vanderschoor, Dani Gilchrist, Kathy Hanson, Chip and Marsha Larson, Jane Foreman, Angela Manterola, Darlene Murphy, Duane Moe, Camryn Reynolds, Vic & Lori Roberts, Dr. Carolyn Lawson, Larry & Jonna Hansmeier, Kayleigh McGinnis, Areva Inc., Brian Jenner Inc., Columbia River Journeys, Michael & Patricia Tuohy, Radio Tri-Cities & Eagle 106.3, Pamela Glover, Kennewick Eagles, Aerie 2485, Gretchen Patrick, Michael McGinnis, Aaron McGinnis, Agrium Inc., Kristin Jarman, Joyce Henton, Gledhill Dental, Betsy Dickinson, Terry Eagy, Phil McGuinness, Wayne & Pamela Pelly, Tri-Cities Exchange Club, Eddie Bauer, Apricot Lane, Lord of Life Church, Tyler Best, Janice Roach, Dr. Naughne Boyd

Little People Project:

Each wooden figurine of a child in the Little People Project represents one of the approximately **550** children who were involved in a law enforcement investigation of abuse in the last year in Benton and Franklin Counties. They are placed throughout the community to raise awareness about child physical and sexual abuse. The Little People will be placed at the **Columbia Center Mall during the week of April 8th-14th**. They will be carried by participants at our **Strides of Strength Walk on April 16th**, They will also be displayed at the **Council for Children event at John Dam Plaza on Monday, April 18th**. You can **sponsor a Little Person** by purchasing a "little heart" for **\$10**. The "little heart" will have the sponsor's name as well as an inscription saying, "Helping Little Hearts Heal". Each sponsor is also listed by name or organization on a sign that goes on display with the little people.

The Little People Project is a great visual reminder of how often child abuse occurs within our community.



Kids Haven Benefit Auction April 2016

We are inviting you to participate in our sixteenth annual auction to benefit children. Proceeds raised through this event will be used for services for children who have been physically or sexually abused. Kids Haven is a joint program of our local city and county governments and the Support, Advocacy & Resource Center.

Our benefit auction will be held online from April 22 to May 13, 2016.

Please visit www.biddingforgood.com/SARC

to view all of our great auction items. Help us raise funds this year to keep this valuable program going!

How You Can Help

***Become a Sponsor**

***Donate an item or service to the auction**

***See something you like? Bid on it!!**

Please call or email Mitzi or JoDee for questions: (509) 374-5391

or jgarretson@frontier.com / mveng@frontier.com



End-of-Auction "Cinco de Mayo" Celebration Dinner

Please join us for a festive evening of food, silent auction, on-line auction, games, and fun to benefit the Kids Haven Program at the Support, Advocacy & Resource Center.

We will celebrate the last day of online bidding on Friday, May 13th, 2016 from 6:00-9:00 PM at the Richland Community Center (500 Howard Amon Park Dr., Richland, WA).

Tickets are \$50 each; they include a fabulous authentic Mexican dinner, a hosted social hour, a silent auction and an exciting live auction. For more information or to purchase your tickets please call (509) 374-5391 or email jgarretson@frontier.com. We hope to see you there!



Sex Offender Information

This Notice is For Information Only

This information is provided in accordance with RCW 4.24.550. The Police Departments have no legal authority to direct where a sex offender may live. Unless court ordered restrictions exist, the offender is constitutionally free to live wherever they choose. Citizen abuse of this information to threaten, intimidate or harass registered sex offenders will not be tolerated. Such abuse could end our ability to do community notifications.

Level II Sex Offender: Benton County, WA

Level II Sex Offender: Benton County, WA

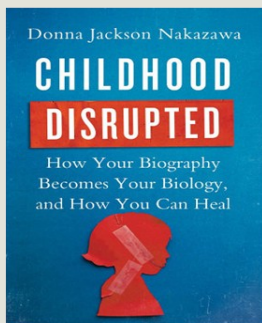


NAME: Robert Dwayne Long
 ADDRESS: 500 Block of N. Fruitland St, Kennewick
 SEX: Male
 DOB: 12-17-73
 HAIR: Brown
 EYES: Hazel
 HEIGHT: 6'3"
 WEIGHT: 205 lbs.
 CONVICTION DATA: Indecent Liberties, Attempted Indecent Liberties 1992 & Failure to Register 2002 .



NAME: James Earl Brown
 ADDRESS: 2800 Block of Imnaha Ave., Kennewick
 SEX: Male
 DOB: 2-05-56
 HAIR: Black
 EYES: Brown
 HEIGHT:
 WEIGHT: 270 lbs.
 CONVICTION DATA: Rape in the first degree, 1988

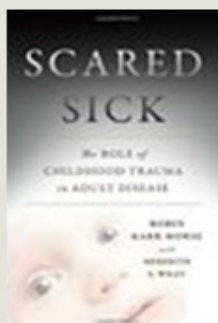
Library Resources



Childhood Disrupted — How your Biography becomes your Biology, and How You Can Heal

By Donna Jackson Nakazawa

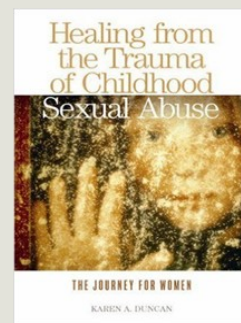
A groundbreaking book showing the link between Adverse Childhood Experiences (ACEs) and adult illnesses such as heart disease, autoimmune disease, and cancer. *Childhood Disrupted* also explains how to cope with these emotional traumas and even heal from them. When we as children encounter sudden or chronic adversity, excessive stress hormones cause powerful changes in the body, altering our body chemistry. The developing immune system and brain react to this chemical barrage by permanently resetting our stress response to high, which in turn can have a devastating impact on our mental and physical health.



Scared Sick— The Role of Childhood Trauma in Adult Disease

By Robin Karr-Morse

The first years of human life are more important than we ever realized. In *Scared Sick*, Robin Karr-Morse connects psychology, neurobiology, endocrinology, immunology, and genetics to demonstrate how chronic fear in infancy and early childhood—when we are most helpless—lies the common root in adult diseases in adulthood. Compassionate and based on the latest research, *Scared Sick* unveils a major health crisis. Highlighting case studies and cutting-edge scientific findings, Karr-Morse shows how our innate fight or flight system can injure us if over-worked in the early stages of life. Persistent stress can trigger diabetes, heart disease, obesity, depression, and addiction later in life.



Healing from the Trauma of Childhood Sexual Abuse

by Karen A. Duncan

The traumatic affects of childhood sexual abuse can remain and occur throughout life for women who have not healed emotionally. This book by a family therapist shares stories from 18 women abused as children, explaining that healing can occur at any stage of life, and that healing itself occurs in stages. The author offers guidance to recognize the long-lingering potential affects of childhood sexual abuse including depression, anxiety, dissociation, and chronic shock, and she explains steps to take for recovery. Also presented are letters from women who have healed or are in recovery.



Crime Victim Service Center

The Vigilant Corner

Spring
2016

Crime Types

- Assault
- Child Physical Abuse
- DUI/DWI Crashes
- Elder Abuse
- Fraud
- Hate Crimes
- Human Trafficking
- Identity Theft
- Kidnapping/Missing persons
- Property Crimes
- Robbery
- Survivors of Homicide or victims of Attempted Homicide
- Vehicular Assault

All crimes other than sexual assault or domestic violence.

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Dear Readers,

As an advocate for crime victims, I would like to inform the community of how important it is to know what child abuse and neglect are. Many people may think or say, “That doesn’t happen in our community!,” well believe it or not, IT DOES! It is important to be aware of these types of crimes so that we can protect our children. You can help make a difference in your community by becoming involved, being well informed and educated about potential signs and risk factors.

I hope you find this issue of The Vigilant informative, helpful and useful to protect yourself and those around you in your everyday life and throughout the community.

Thank you for reading!

In this section of the newsletter you will read about a man whose child hood was greatly impacted by his violent father. You will learn about how Buck Brannaman also know as, “The Horse Whisperer” turned his tragic childhood into triumph. Below is an interview with Buck himself describing how he overcame an abusive childhood through equestrian therapy.

Star of Buck Speaks Out About What You Didn’t See in the Film



Q: Many in your situation could have grown up to be abusers themselves. How did you avoid that fate? A: I had a real good idea by the time I was pretty young how I didn’t wanna be. I didn’t always know *how* I wanted to be, but I knew what kind of human being I hoped to be and it was going to be so different from him. Eventually at some point everybody has to decide which way they’re gonna allow their life to go. Some things you can’t control in life, but even when I was a little guy, I always knew that if I was ever gonna be a parent, at least I knew how I *wasn’t* going to be. He could never take that from me. **Q: Was your father himself abused as a child?** A: You would expect his childhood to have been as tortured as mine was, but it wasn’t. I met my

grandparents on my dad’s side only one time when I was seven years old. They were beloved in the community. It wasn’t this continuing cycle of violence, so my dad was sort of an anomaly in the family. He became a real heavy drinker and an alcoholic after my mom passed away, but he was just as terrifying and just as violent when he was sober. **Q: Was your dad abusive like that towards everybody?** A: He was at times very charming, very intelligent, very charismatic. The other side of him was terrifying, diabolical, a pathological liar. He created his own reality and he seemed to live there more than the other. There was never a day in my life that I wasn’t afraid of him. **Q: Do you remember the first time you saw that terrifying side of him?** A: The first time I ever saw that side, he was running a saddle shop in Coeur d’Alene, Idaho, where we were in my early life. He had built this head stall for a horse. I was only six or seven years old but I knew that he had made it backwards. The (customer) had come by to pick it up and as the guy was walking out toward his car and said, ‘This really isn’t right.’ My dad had been cutting some firewood and when the guy said that, my dad snapped. He took the can of gas for the chainsaw, poured it all over the guy, pulled out a match and said: ‘How do you like your head stall now?’ **Q: Oh my God!!!!** A: He was gonna set the guy on fire! And of course the guy was mortified and he ran to his vehicle drenched in gas and drove away. That was really the first time I saw my dad really go dark. We probably got whipped four or five times a week, but when I saw it go there... that was a sign of what lay ahead for all of us. **Q: You and your brother both suffered the same abuse from him and were both taken away at the same time and put in to the same foster family. The documentary never addresses what became of your brother. Is he okay?**

Equestrian therapy (also known as equine therapy or Equine-Assisted Therapy [EAT]) is a form of therapy that makes use of horses to help promote emotional growth. Equestrian therapy is particularly applied to patients with PTSD, ADD, anxiety, autism, dementia, delay in mental development, down syndrome and other genetic syndromes, depression, trauma and brain injuries, behavior and abuse issues and other mental health issues.

(continued on page 9)

A: His life took a different route than mine did. He never really was involved with the horses. Right out of high school, he joined the Coast Guard where he spent 25 years and had a very distinguished career. He got married, had kids and he lives a comfortable life in Wisconsin. **Q: Well that's good to hear. What does he have to say about all the abuse?** A: If you asked him, he'd say he was perfectly happy. He would tell you that he was content at that point in his life. But I think a little piece of my brother died when we were young. I remember when we were little kids he could laugh and he was so much more outgoing than me. Then he became introverted. But he found a way to live with it. Everybody has a different way of dealing with things. In the end, his family loves him and he's got good kids. **Q: If your mom hadn't passed away would the four of you have remained a family unit?** A: No, I don't think so. I actually think that the way it tends to go with people like him is the violence always increases — it never decreases.

The violence escalated after my mom died to the point to where if (sheriff) Johnny France hadn't come and taken us away, I can guarantee that we wouldn't have lived another month or two. But it was heading in that direction even when she was alive. **Q: Did your mom ever try to leave your dad?** A: You gotta consider it was the late '60s, early '70s. She was raised in a traditional German family and in a German family, if your family falls apart and you're no longer with your husband, it is the woman's fault. That's part of that culture. The family is ashamed of you if you weren't able to hold it together. So she had that in her upbringing. Plus the fact of the matter was she had no way of raising and supporting two boys without a man. Years later after I wrote my book, *The Faraway Horses*, that chronicled my life up to this point, I was asked by the State of Montana to come for their state-wide convention of social workers. I pulled into this parking lot at the Red Lion Hotel in Helena when I remembered something back when I was 11 — My mom had gone to Helena to take a one week course in selling real estate. As I walked into that hotel, it hit me right then and there. I asked the guy at the front desk: 'Do you guys ever do a real estate school here?' He said, 'Oh yeah, we've been doing it for years.' I realized that my mom was going to leave my father and was going to save us boys. She wanted to find a way to make a living first, but she died before she ever sold her first house. **Q: After your mom's death and the escalation of abuse, what did your dad do after his kids were taken away from him?** A: After we went to live with my foster parents, he would send my brother and I birthday cards every year telling us that when we turned 18 he was gonna kill us. He would tell us that he had been sitting up on the side of the mountain looking at us through his rifle scope. He had enough of the details of our every day life doing our chores, feeding our horses and things, that we realized he was actually watching us. **Q: That must have been scary for you boys...** A: Finally my foster dad went to Johnny France, who was Sheriff of Madison County then, and he told him about it. And Johnny more or less ran him out. He told him in so many words: 'You got so much time to gather up what you need and you better be gone and I better never see you back here again.'

Q: The film mentions your father's death almost as an afterthought. How did it really affect you at the time? A: Interestingly enough, the influence of my foster mom was so great that I guess somewhere along the line I learned something about forgiveness. My dad was 52 years old when I was born. When I was a junior in high school, I wrote him a letter that said, 'I know you're getting older and I don't want you to die of old age somewhere feeling like I hate you. I don't wanna have to live with that all of my life because you're my dad. I love you because you're my dad and I forgive you.' We had some contact over the next few years and I saw him a couple of times. All I wanted was him to die with a sense of peace about him and myself. And he did. As far as needing a father at that point, I was indifferent to that. But I wanted to do what I could to let a pitiful old man die with some sense of peace. But my brother never spoke to him again once we were taken away. They never had contact again. **Q: Are there any traits you inherited from your father? Or were you more like your mother?** A: It would be nice to make up something that I got from my dad that was positive. But to be honest with you, I didn't really get anything that was positive from him. I don't know of anything about my dad that I would embrace, really. My mom, I think so. But even beyond that, it was more the people that I met later on in life that were such a great influence on me, like my foster-mother, Betsey Shirley. **Q: One of the film's most memorable scenes is a woman arriving at one of your clinics with a horse that's so dangerous, so violent that even you couldn't even help it. The next day when someone inquires about the horse, you get very emotional — almost angry — and state that "Humans failed that horse." What was going on inside you at the time?** A: No one was more sad about that horse than me. That horse was never gonna be a complete horse because of the brain damage he had at birth. But humans had failed in their responsibility to help that horse learn right from wrong at an early enough stage before he became lethal. It's like a handicapped child that maybe doesn't have that internal ability to be able to tell right from wrong. Someone could have helped that horse understand right from wrong, how to fit in and how to get along in the world. But nobody had been there for the horse to teach him that. It's about taking responsibility and being a responsible parent or a caretaker of an animal, and helping them to learn because you can really have a great effect on them right off the bat.

Q: Sounds like you are talking about your own childhood. You were upset because that horse was you....up until Betsey Shirley came to your life. A: Exactly. I'm very interested that you said that. You want people to understand that. Hopefully because of this film that horse will always have value.

Q: Are there any traits you inherited from your father? Or were you more like your mother? A: It would be nice to make up something that I got from my dad that was positive. But to be honest with you, I didn't really get anything that was positive from him. I don't know of anything about my dad that I would embrace, really. My mom, I think so. But even beyond that, it was more the people that I met later on in life that were such a great influence on me, like my foster-mother, Betsey Shirley. **Q: One of the film's most memorable scenes is a woman arriving at one of your clinics with a horse that's so dangerous, so violent that even you couldn't even help it. The next day when someone inquires about the horse, you get very emotional — almost angry — and state that "Humans failed that horse." What was going on inside you at the time?** A: No one was more sad about that horse than me. That horse was never gonna be a complete horse because of the brain damage he had at birth. But humans had failed in their responsibility to help that horse learn right from wrong at an early enough stage before he became lethal. It's like a handicapped child that maybe doesn't have that internal ability to be able to tell right from wrong. Someone could have helped that horse understand right from wrong, how to fit in and how to get along in the world. But nobody had been there for the horse to teach him that. It's about taking responsibility and being a responsible parent or a caretaker of an animal, and helping them to learn because you can really have a great effect on them right off the bat.

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In 2014, state agencies identified an estimated **1,580 children who died as a result of abuse and neglect — between four and five children a day.** However, studies also indicate significant undercounting of child maltreatment fatalities by state agencies — by 50% or more.

Child Abuse and Neglect Defined

Child abuse or neglect means the injury, sexual abuse, or sexual exploitation of a child by any person under circumstances which indicate that the child's health, welfare, or safety is harmed, or the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child. An abused child is a child who has been subjected to child abuse or neglect.

Washington State Legislature
<http://apps.leg.wa.gov/WAC/default.aspx?cite=388-15-009>



2011, States reported that **676,569** children were victims of child abuse or neglect (U.S. Department of Health and Human Services, 2012). While physical injuries may or may not be immediately visible, abuse and neglect can have consequences for children, families, and society that last lifetimes, if not generations.

Physical Abuse means the non-accidental infliction of physical injury or physical mistreatment on a child. Throwing, kicking, burning, or cutting a child

Striking a child with a closed fist

Shaking a child under age three

Interfering with a child's breathing

Threatening a child with a deadly weapon

-Doing any other act that is likely to cause and which does cause bodily harm greater than transient pain or minor temporary marks or which is injurious to the child's health, welfare or safety.

Physical discipline of a child, including the reasonable use of corporal punishment, is not considered abuse when it is reasonable and moderate and is inflicted by a parent or guardian for the purposes of restraining or correcting the child. The age, size, and condition of the child, and the location of any inflicted injury shall be considered in determining whether the bodily harm is reasonable or moderate. Other factors may include the developmental level of the child and the nature of the child's misconduct.

A parent's belief that it is necessary to punish a child does not justify or permit the use of excessive, immoderate or unreasonable force against the child.

Sexual exploitation includes, but is not limited to, such actions as allowing, permitting, compelling, encouraging, aiding, or otherwise causing a child to engage in:

Prostitution

Sexually explicit, obscene or pornographic activity to be photographed, filmed, or electronically reproduced or transmitted.

Sexually explicit, obscene or pornographic activity as part of a live performance, or for the benefit or sexual gratification of another person.

-Negligent treatment or maltreatment

means an act or a failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction, on the part of a child's parent, legal custodian, guardian, or caregiver that shows a serious disregard of the consequences to the child of such magnitude that it creates a clear and present danger to the child's health, welfare, or safety.

A child does not have to suffer actual damage or physical or emotional harm to be in circumstances which create a clear and present danger to the child's health, welfare, or safety. Negligent treatment or maltreatment includes, but is not limited, to:

Failure to provide adequate food, shelter, clothing, supervision, or health care necessary for a child's health, welfare, or safety. Poverty and/or homelessness do not constitute negligent treatment or maltreatment in and of themselves.

Actions, failures to act, or omissions that result in injury to or which create a substantial risk of injury to the physical, emotional, and/or cognitive development of a child; or

The cumulative effects of a pattern of conduct, behavior or inaction by a parent or guardian in providing for the physical, emotional and developmental needs of a child's, or the effects of chronic failure on the part of a parent or guardian to perform basic parental functions, obligations, and duties, when the result is to cause injury or create a substantial risk of injury to the physical, emotional, and/or cognitive development of a child.

What is Child Abuse and Neglect?
 WAC 388-15-009 <http://apps.leg.wa.gov/WAC/default.aspx?cite=388-15-009>

Long-Term Consequences of Child Abuse and Neglect

Factors Affecting the Consequences of Child Abuse and Neglect

Individual outcomes vary widely and are affected by a combination of factors, including:

- The child's age and developmental status when the abuse or neglect occurred
- The type of maltreatment (physical abuse, neglect, sexual abuse, etc.)
- The frequency, duration, and severity of the maltreatment
- The relationship between the child and the perpetrator

Researchers also have begun to explore why, given similar conditions, some children experience long-term consequences of abuse and neglect while others emerge relatively unscathed. The ability to cope, and even thrive, following a negative experience is often referred to as "resilience." It is important to note that resilience is not an inherent trait in children but results from a mixture of both risk and protective factors that cause a child's positive or negative reaction to adverse experiences. A number of protective and promotive factors—individually, within a family, or within a community—may contribute to an abused or neglected child's resilience.

Physical Health Consequences

The immediate physical effects of abuse or neglect can be relatively minor (bruises or cuts) or severe (broken bones, hemorrhage, or even death). In some cases, the physical effects are temporary; however, the pain and suffering they cause a child should not be discounted. **Abusive head trauma.** Abusive head trauma, an inflicted injury to the head and its contents caused by shaking and blunt impact, is the most common cause of traumatic death for infants. The injuries may not be immediately noticeable and may include bleeding in the eye or brain and damage to the spinal cord and neck. Significant brain development takes place during infancy, and this important development is compromised in maltreated children. One in every four victims of shaken baby syndrome dies, and nearly all victims experience serious health consequences. **Impaired brain development.** Child abuse and neglect have been shown to cause important regions of the brain to fail to form or grow properly, resulting in impaired development. These alterations in brain maturation have long-term consequences for cognitive, language, and academic abilities and are connected with mental health disorders. Disrupted neuro-development as a result of maltreatment can cause children to adopt a persistent fear state as well as attributes that are normally helpful during threatening moments but counterproductive in the absence of threats, such as hypervigilance, anxiety, and behavior impulsivity. **Poor physical health.** Several studies have shown a relationship between various forms of child maltreatment and poor health. Adults who experienced abuse or neglect during childhood are more likely to suffer from cardiovascular disease, lung and liver disease, hyper-tension, diabetes, asthma, and obesity. One study showed that children who experienced neglect were at increased risk for diabetes and poorer lung functioning, while physical abuse was shown to increase the risk for diabetes and malnutrition. Additionally, child mal-treatment has been shown to increase adolescent obesity. A longitudinal study found that children who experienced neglect had body mass indexes that grew at significantly faster rates compared to children who had not experienced neglect.

Psychological Consequences

The immediate emotional effects of abuse and neglect— isolation, fear, and an inability to trust—can translate into lifelong psychological consequences, including low self-esteem, depression, and relationship difficulties. Researchers have identified links between child abuse and neglect and the following:

Poor mental and emotional health. Experiencing childhood trauma and adversity, such as physical or sexual abuse, is a risk factor for borderline personality disorder, depression, anxiety, and other psychiatric disorders. One study using ACE data found that roughly 54 percent of cases of depression and 58 percent of suicide attempts in women were connected to adverse childhood experiences. Child maltreatment also negatively impacts the development of emotion regulation, which often persists into adolescence or adulthood.

Cognitive difficulties. Researchers found that children with substantiated reports of maltreatment were at risk for severe developmental and cognitive problems, including grade repetition. more than 10 percent of school-aged children and youth showed some risk of cognitive problems or low academic achievement, 43 percent had emotional or behavioral problems, and 13 percent had both.

Behavioral Consequences

Difficulties during adolescence. Based on research that was done, more than half of youth with reports of maltreatment are at risk of grade repetition, substance abuse, delinquency, truancy, or pregnancy. Other studies suggest that abused or neglected children are more likely to engage in sexual risk-taking as they reach adolescence, thereby increasing their chances of contracting a sexually transmitted disease. Victims of child sexual abuse also are at a higher risk for rape in adulthood, and the rate of risk increases according to the severity of the child sexual abuse experience(s).

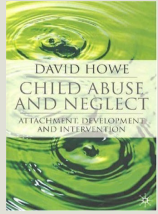
Juvenile delinquency and adult criminality. Several studies have documented the correlation between child abuse and future juvenile delinquency. Children who have experienced abuse are nine times more likely to become involved in criminal activities, alcohol and other drug abuse. Research consistently reflects an increased likelihood that children who have experienced abuse or neglect will smoke cigarettes, abuse alcohol, or take illicit drugs during their lifetime. In fact, male children with an ACE Score of 6 or more (having six or more adverse childhood experiences) had an increased likelihood—of more than 4,000 percent—to use intravenous drugs later in life.

Abusive behavior. Abusive parents often have experienced abuse during their own childhoods. Data from the Longitudinal Study of Adolescent Health showed that girls who experienced childhood physical abuse were 1–7 percent more likely to become perpetrators of youth violence and 8–10 percent more likely to be perpetrators of interpersonal violence (IPV). Boys who experienced childhood sexual violence were 3–12 percent more likely to commit youth violence and 1–17 percent more likely to commit IPV.

*Article derived from: Long-Term Consequences of Child Abuse and Neglect. Child Welfare Information Gateway. (July 2013).
https://www.childwelfare.gov/pubpdfs/long_term_consequences.pdf*

REMINDER: All SARC/CVSC library books and videos are free to checkout.

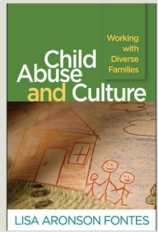
RESOURCES



Child Abuse And Neglect: Attachment, Development and Intervention.

By David Howe

This exciting new book offers a survey of the field of child abuse and neglect from the perspective of modern developmental attachment theory. Using research evidence, this clear, compelling textbook answers the key questions any student or specialist in child welfare would ask.



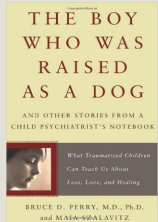
Child Abuse and Culture : Working with Diverse Families By Lisa Aronson Fontes

This expertly written book provides an accessible framework for culturally competent practice with children and families in child maltreatment cases.

Numerous workable strategies and concrete examples are presented to help readers address cultural concerns at each stage of the assessment and intervention process.

Professionals and students learn new ways of thinking about their own cultural viewpoints as they gain critical skills for maximizing the accuracy of assessments for physical and sexual abuse; overcoming language barriers in parent and child interviews; respecting families' values and beliefs while ensuring children's safety; creating

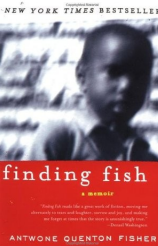
a welcoming agency environment; and more.



The Boy Who Was Raised As A Dog: And Other Stories From A Child Psychiatrist's Notebook.

By Bruce D. Perry, MD., Ph.D. and Maia Szalavitz

Child psychiatrist Bruce Perry has treated children faced with unimaginable horror: genocide survivors, witnesses, children raised in closets and cages, and victims of family violence. Here he tells their stories of trauma and transformation.



Finding Fish: A Memoir

By Antwone Quenton Fisher

Baby Boy Fisher was raised in institutions from the moment of his birth in prison to a single mother. He ultimately came to live with a foster family, where he endured near-constant verbal and physical abuse. In his mid-teens he escaped and enlisted in the navy, where he became a man of the world, raised by the family he created for himself.



-Every year more than **3 million reports of child abuse** are made in the United States involving more than 6 million children (a report can include multiple children)

-**The United States has one of the worst records among industrialized nations** – losing on average between four and seven children every day to child abuse and neglect

-**A report of child abuse is made every ten seconds**

-Yearly, referrals to state child protective services involve **6.6 million children**, and around 3.2 million of those children are subject to an investigated report

-In 2014, state agencies found an estimated 702,000 victims of child maltreatment, but that only tells part of the story. **This would pack ten modern football stadiums**

Individuals who reported six or more adverse childhood experiences had an **average life expectancy two decades shorter** than those who reported none

*Schemic heart disease (IHD), Chronic obstructive pulmonary disease (COPD), liver disease and other health-related quality of life issues **are tied to child abuse**

-**In one study, 80% of 21-year-olds who reported childhood abuse met the criteria for at least one psychological disorder**

-More than 70% of the children who died as a result of child abuse or neglect were two years of age or younger; Around 80% of child maltreatment fatalities involve at least one parent as perpetrator



Additional Resources

<https://victimsofcrime.org/about-us>

We are the nation's leading resource and advocacy organization for crime victims and those who serve them.

Please join us as we forge a national commitment to help victims of crime rebuild their lives.

<https://www.childwelfare.gov/topics/preventing/>

ChildWelfare Information Gateway is a resource on child abuse prevention, protecting children from risk of abuse, and strengthening families. Includes information on supporting families, protective factors, public awareness, community activities, positive parenting, prevention programs, and more.

ChildHelp

<https://www.childhelp.org/child-abuse-statistics/>

Crime Victim Service Center

The Crime Victim Service Center (CVSC) is designed to offer services to crime victims and their non-offending family members, friends, secondary victims, and witnesses to crime. CVSC provides services to victims of crime including: assault, homicide, burglary, robbery, kidnapping, elder abuse, child abuse, identity theft, trafficking, and gang violence. CVSC is a program of the Support, Advocacy & Resource Center of Benton/Franklin Counties in Collaboration with the YWCA of Lewiston/Clarkston and the Walla Walla Police Department. The Support, Advocacy & Resource Center (SARC) is a non-profit United Way Community Partner.

SARC has served Benton and Franklin

Counties since 1977. SARC's mission is to provide crisis services, support, and advocacy to victims of all non-domestic violence crimes, non-offending family members, and others who are impacted by crime. We strive to create and maintain a community without violence through prevention-based education. The YWCA of Lewiston/Clarkston is a private, non-profit social service organization that operates a comprehensive crisis intervention program serving residents of Asotin, Garfield, and Columbia Counties. The YWCA is committed to providing direct services for victims, educating the public and advocating for social change to improve the quality of life in our communities.

The Walla Walla County Crime Victim

Service Center is located within the Walla Walla Police Department. You do not need to file a police report to contact one of the victim advocates. The Walla Walla CVSC handles all crimes except sexual assault and domestic violence.

24-Hour Crisis
Line
Benton,
Franklin,
Columbia,
Garfield and
Asotin
Counties

1-888-9-VICTIM

WE'RE ON THE WEB
CRIMEVICTIMSERVICECENTER.ORG

The Crime Victim Service Center (CVSC) is here to help you. CVSC is available 24-hours a day to assist anyone who has questions or concerns about crime and the confusion that comes along with being a victim of a crime. CVSC services are free of charge and are confidential. Please contact CVSC at (509) 374-0130 for information or to access the following services.

Services

Legal and Medical Advocacy

Our agency staff respond to hospital calls to provide medical advocacy to victims of crime. We also provide legal advocacy at police interviews and court proceedings. Moral support and information is given to victims, family, friends, and witnesses to crime.

Crisis Intervention

Our staff provides short-term crisis intervention to clients. Advocates provide information, support, and validation for the client's feelings. We often recommend that clients seek additional therapy to assist in the healing process.

Library Resources

Some CVSC Programs have a wide collection of books on the topic of crime and issues surrounding crime victimization. These resources are available for CVSC clients and the general public.

Crisis Line

CVSC advocates are available 24-hours a day to answer questions, or simply provide support if you just need someone to listen. This line also serves as a point of contact for clients who may need immediate emergency assistance.

Referral Services

Our staff is able to assist clients in finding resources and information related to their victimization.

Therapy Referrals

Referrals are available for counseling. We have information regarding payment options; sliding fee scales, Provider One ("medical coupon"), and Crime Victims Compensation; a program through Washington State Labor & Industries.

RCW 7.69.030

Right of victims, survivors, and witnesses

(9) "To have a crime victim advocate from a crime victim/witness program present at any prosecutorial or defense interviews with the victim, and at any judicial proceedings related to criminal acts committed against the victim..."



SARC Program Reports

During the holiday season our agency was blessed with amazing support by our community. The season began with the overwhelming generosity from Bill McCurley Auto Dealerships who donated 35 boxes of food for families to make their Thanksgiving Dinner. For Christmas, we had a total of 27 families sponsored by several community members, businesses, churches, schools, volunteers, board members and staff of SARC. As for the Annual Cops and Kids Event, we had 25 children affiliated with SARC that had the opportunity to participate at the Kennewick Wal-Mart. The Fraternal Order of Police and Sergeant Mark Weber, from Kennewick Police Department, were the main organizers of the event.

Crisis Program



Client Feedback from Service Surveys

- The support we got helped us to not feel in the dark and alone.
- Working with an advocate helped my family feel more informed and supported throughout this difficult process.



The crime types that have had some noticeable fluctuation are: Adult Survivors of Child Sexual Abuse decreased by 57%, Victims of Stranger Rape have decreased by 50%, Family Molestation cases have increased by 30%, Acquaintance Molestation cases decreased by 50% and Family Rape has increased by 31%.

Types of Sexual Assaults

- 4% Adult Survivor of Child Sexual Abuse
- 17% Date & Acquaintance Rape
- 1% Stranger Rape & Molestation
- 46% Family Molestation
- 12% Acquaintance Molestation
- 3% Sexual Harassment
- 9% Family Rape

Age of Victims

- 12% Age 0-5
- 32% Age 6-11
- 35% Age 12-18
- 22% Age 19+
- 0% Age 60+

Cities Where the Victim Lives

- 16% Richland
- 26% Kennewick
- 36% Pasco
- 1% West Richland
- 7% Benton City
- 1% Prosser
- 0% Connell
- 12% Other/Unknown

Offenders of SARC Clients

Ages	Gender
1% Age 0-5	96% Male
9% Age 6-11	4% Female
12% Age 12-18	
78% Age 19+	



The Crime Victim Service Center served 35 new crime victims during the second quarter of the fiscal year. The crime victim advocates provided a total of 765 services, made 50 contacts on behalf of clients and invested 196.50 hours towards working with clients.

Age of Victim

- 0% Age 0-5
- 11% Age 6-11
- 17% Age 12-18
- 63% Age 19+
- 9% Age 60+

Crime Types

- 14% Child Physical Abuse
- 34% Harassment
- 17% Assault
- 14% Trafficking
- 11% Homicide

Cities Where the Victim Lives

- 11% Richland
- 11% Kennewick
- 60% Pasco
- 2% West Richland
- 9% Benton City
- 6% Other

For more information regarding these reports please contact Brigette Phillips, Brigette.phillips@frontier.com

Kid's Haven Program: The total Kid's Haven Interviews for the second quarter increased by 3%. Offsite interviews increased dramatically from 9 last year to 22 this Fiscal Year. There were decreases in certain jurisdictions: Kennewick Police Department, Child Protective Services and Benton County Sheriffs Office. As for the Richland Police Department, interviews Increased by 25% and West Richland Police Department increased from 4 to 10 interviews this year.

During the second quarter of the 2015-2016 Fiscal Year, 82 interviews were conducted. Additional demographic information offered in the boxes below.

Age of Victims

31% Age 0-6
49% Age 7-12
19% Age 13-18

Crime Type

74% Sexual Abuse
6% Physical Abuse
14% Witness to Violence

Victim-Offender Relationship

27% Parent	6% Parent's Boyfriend/ Girlfriend
8% Step-Parent	18% Other Known Person
34% Other Relative	4% Stranger
3% No Identified Suspect	

Prevention Program: The Prevention Program was busy trying to make up cancelled sessions during the winter months due to the strike with Pasco School District at the beginning of the school year. They are currently taking requests and preparing to schedule for the 2016/2017 school year. Pasco School District also did some restructuring of their elementary and middle schools this year. The changes included keeping the sixth grade students at the elementary schools and middle schools just being seventh and eighth grade. This year the Prevention Program has had more access to sixth graders and additionally has increased referrals for the Sexual Harassment Intervention Program (SHIP).

The boxes below have more detailed information regarding the statistical highlights from the quarter.

Age of Audience

1% Preschool
9% Kindergarten-2nd Grade
16% 3rd-5th Grade
59% 6th-8th Grade
6% 9th-12th Grade
8% Adults

Outreach Audience

1% Mailings
61% Charter Cable Show Audience
12% Newspaper & Radio Audience
22% Television Audience
4% Website Hits
Total Audience: 275,584

Programs

2% Body and Boundary Safety
9% Safe Bodies, Healthy Minds
26% Personal Body Safety
18% Technology Safety
36% Harassment & Bullying
Prevention
8% Creating Healthy Relationships
2% SARC Services

Feedback from Program Surveys

Comments from Teachers:

“The presenter was very energetic and kept kids engaged”
“My students learned techniques to calm down and how to make better decisions”
“This was a great activity, the students didn't stop talking about the spaghetti activity”
“Using the puppets is so entertaining for the children”

Student Comments:

“That it helps me get more confident”
“That if people are getting bullied you should help”
“It addressed issues that aren't often talked about”
“It helped me to understand more about unhealthy and healthy relationships”
“We got to do fun activities that helped me to better understand how to be safe online”

Denise and Lindsay have been working hard at planning the April events. They have been distributing flyers, sending emails and making phone calls for the planning of the Clothesline Project, the Little People Project and the Strides of Strength walk all happening in April!!! Good job Prevention Team!!!

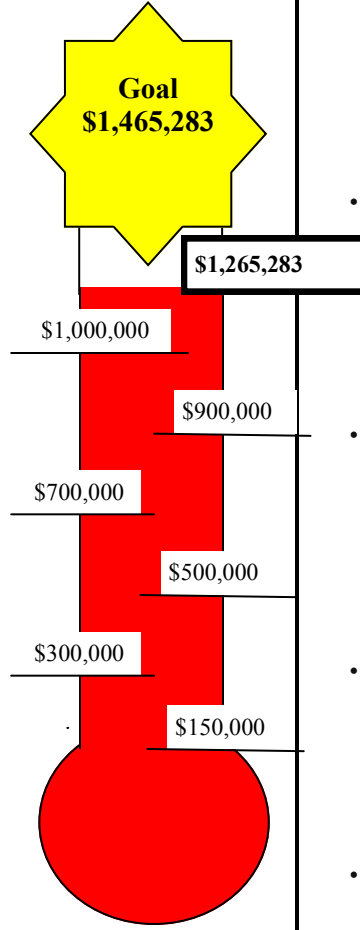
CAPITAL CAMPAIGN

WE ARE SOOO CLOSE!!

The project has an approximate cost of \$1.5 million. We only need to raise approximately **\$200,000** more!! Your donation will be greatly appreciated.

We would like to kindly thank the following donors who have generously given to our Capital Campaign:

- **Leader Level**, Department of Commerce
- **Vanguard Level**, Bechtel Women's Group
- **Guardian Level**, Columbia Center Rotary
- **Partner Level**, Bechtel, Meier Architecture & Engineering, Rick & Cindy Rochleau, Family First Dental-Jim & Michelle Carey, Betty & Lee Adams
- **Supporter Level**, Marilyn Heasley, David & Janice Roach, Drs. Johnathan & Katherine Perry, Phil McGuinness, Richland Rotary, Mid Columbia Rotaract, Country Gentleman, Rick & JoDee Garretson
- **Friend Level**, Jim Stoffels, Lord of Life Lutheran Church, Betsy Dickinson, Agrium Inc., Budget Print Center, Patricia Chvatal, Bill & Kimberly Spencer, Chad & Bonnie Mitchell, James Lukacs D.D.S.
- **Associate Level**, Robert & Carolyn Quay, Dr. Naughne Boyd, Glendhill Dental, Kolleen Ledgerwood/Ledgerwood Law Office, Steven Yaffe, Kathy Doto, Wayne & Pamela Pelly, David & Pauline Brantingham, Blue Knights Washington III, Kaylee McGinnis, Michael McGinnis, Aaron McGinnis, Richard & Pamela Browns, Kristi & Ethan Nelson, Abadan, Angela Manterola, Jane Forman, Marsha Larson, Kathi Hanson, Dani Gilchrist, Claudia Hickman, Vic & GailVanderSchoor, Johnathan & Candice Jones, Ryan & Julie Brown, Scott & Rosann Ferris, Heather Duncan, Candice Bluechel, Craig & Barbra Littrell, Amanda Sylvester, Heather HolbenWest, Jill Oldson, Chuck & Bev Torelli, Soroptimist International of Three Rivers, Dave & Carmen Bond



Support, Advocacy & Resource Center Capital Campaign Donor Levels

Leader: \$250,000 or more

- Naming Opportunity
 - Donor Gift
 - Certificate of Appreciation
- Recognition on Campaign Donor Wall
- Recognition in Annual Report
- Acknowledgement on Website

Visionary: \$100,000 to \$249,000

- Naming Opportunity
 - Donor Gift
 - Certificate of Appreciation
- Recognition on Campaign Donor Wall
- Recognition in Annual Report
- Acknowledgement on Website

Hero: \$50,000 to \$99,999

- Naming Opportunity
 - Donor Gift
 - Certificate of Appreciation
- Recognition on Campaign Donor Wall
- Recognition in Annual Report
- Acknowledgement on Website

Vanguard: \$25,000 to \$49,999

- Naming Opportunity
 - Donor Gift
 - Certificate of Appreciation
- Recognition on Campaign Donor Wall
- Recognition in Annual Report
- Acknowledgement on Website

Guardian: \$10,000 to \$24,999

- Donor Gift
 - Certificate of Appreciation
- Recognition on Campaign Donor Wall
- Recognition in Annual Report
- Acknowledgement on Website

Partner: \$5,000 to \$9,999

- Certificate of Appreciation
- Recognition of Campaign Donor Wall
- Recognition in Annual Report
- Acknowledgement on Website

Supporter: \$1,000 to \$4,999

- Recognition on Campaign Donor Wall
- Recognition in Annual Report
- Acknowledgement on Website

Friend: \$500 to \$999

- Recognition in Annual Report
- Acknowledgement on Website

Associate: Under \$500

- Recognition in Annual Report
- Acknowledgement on Website

SARC's Capital Campaign!!!

We have purchased the land for the new building and will be breaking ground soon. We still are need to raise approximately \$200,000 toward the campaign to fully fund the project! Please help us provide onsite counseling at no cost, increase our service delivery, and provide a more peaceful and healing environment for clients.

All donors will have a permanent acknowledgement in the facility, commensurate with the level of the donation.

- _____ I would like to make an individual donation.
- _____ I am interested in making a major donation and would like additional information. Please contact me.
- _____ My company is interested in sponsoring a portion of the facility. Please contact me.

Name: _____
 Address: _____
 Email: _____
 Phone Number: _____

Please detach and return.

SARC: 830 N. Columbia Center Blvd. Suite H., Kennewick, WA 99336
 509-374-5391

Support, Advocacy & Resource Center
830 North Columbia Center Blvd., Suite H
Kennewick, WA 99336

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Striving for a "Community without Victims"



about the program

The Support, Advocacy & Resource Center serves Benton and Franklin Counties with sexual assault crisis and education services. We provide free and confidential assistance for victims of sexual assault, child sexual abuse, dating violence and adult survivors of child sexual abuse.

SARC also provides prevention education for our schools, day cares and community groups on sexual abuse and safety issues. Our services are available to all people regardless of age, gender, religion, ethnicity, sexual orientation, or physical and mental ability.

The Washington State Office of Crime Victims Advocacy accredits SARC as a Community Sexual Assault Program. SARC is a member of the Washington Coalition of Sexual Assault Programs and

the United Way of Benton and Franklin Counties.

Services are provided through grants from the state and federal government, local and regional foundations, and through donations from our generous community.

The opinions expressed in the "Point of View" section of this publication do not necessarily reflect the views and opinions of staff, board of directors, volunteers and sponsors of SARC.

The SARC Advocate is designed to educate, inform and promote community awareness regarding sexual assault issues. Reader feedback and submissions are always welcome. Mail to: 830 North Columbia Center Blvd., Suite H, Kennewick, WA 99336 or contact us via e-mail.

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Visit us on the web at
www.supportadvocacyresourcecenter.org
www.crimevictimservicecenter.org



24-Hour Crisis Line (509) 374-5391 ~ Business Phone: (509) 374-5391
Fax: (509) 374-8743 ~ Mailing Address: 830 N. Columbia Center Blvd., Suite H,
Kennewick, WA 99336